

A thick pink ribbon is tied into a bow at the top right of the page. The ribbon then extends downwards, forming a long, vertical loop that runs down the right side of the page, framing the text.

Protect your health with the State Health Plan's early detection benefits



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*Mammography Testing
Program and
Pap Smear Benefit*

Mammography Testing Program

As a woman, you have a one in nine overall chance of getting breast cancer in your lifetime. Your risk is twice the average if your mother or sisters have had breast cancer. Your risk is three times the average if your mother *and* sisters have had breast cancer.

Granted, you can't do much about genetics, but with odds as high as these, there are three important things you can do for yourself and your family. These things are: **conduct a self breast examination monthly, have a clinical breast examination performed by your physician and have routine mammograms at the age intervals recommended by American Cancer Society guidelines.**

Mammograms are one of the most important tools used to either rule out breast cancer or discover it at the earliest possible stage. The State Health Plan Mammography Testing Program provides **100 percent coverage for routine, four-view mammograms when you use a participating facility and meet the eligibility requirements.** And, when you use a participating facility, there are no claims to file. However, this program does not cover charges for routine mammograms performed at non-participating facilities.

The program is simple to use, does not require that you have a doctor's referral to receive a routine mammogram and there are no claims to file.

The guidelines for the Mammography Testing Program are as follows:

AGE BRACKET	BENEFITS FOR:
35 - 39 years	one baseline mammogram performed during these years
40 - 49 years	one routine mammogram performed every other year
50 - 74 years	one routine mammogram performed each year

Once you've retired and are eligible for Medicare, your State Health Plan benefits will be **coordinated within Medicare guidelines.** For information on how your State Health Plan benefits coordinate with Medicare, refer to your *Insurance Benefits Guide* or contact your benefits office or the Office of Insurance Services.

Diagnostic mammograms ordered by a physician for the treatment of a specific illness, symptom or injury, are covered by the State Health Plan just like any other diagnostic test. This means that **diagnostic mammograms are subject to deductibles and coinsurance.** And like other diagnostic tests, you will benefit from having the mammogram performed at a participating facility.

There are almost **100 participating facilities in South Carolina and Georgia.** For the location of a participating facility near you, check your *State Health Plan Provider Directory.*

Pap Smear Benefit

As cases of cancer of the cervix and uterus increase, it becomes even more important to screen for these diseases. The Pap smear is one test used for this purpose.

As with most cancers, early detection is critical to the successful treatment of the disease.

The State Health Plan will pay a benefit each year for a Pap smear if you are a covered female age 18 through 65. You receive this benefit regardless of whether or not the Pap smear is **for routine or diagnostic purposes as long as you use a doctor who belongs to the State Health Plan Physician Network.** If your doctor is not a network member, the Plan will pay up to 100 percent of the state allowed amount.

For more information on the Pap Smear benefit and the Mammography Testing Program, refer to your *Insurance Benefits Guide* or contact your benefits office.